

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-003358

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED FEB 8 1963 318 Primary Registration District No. 1003 Registrar's No. 1034  
SI-4998 X0-1 220 430

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |                                     |
|---|---|---|-------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY   |                                     |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>ST. LOUIS, MISSOURI</b>   |   | Length of stay in lb<br><b>34 DAYS</b>  |                                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>VAH, 915 N. GRAND AVE.</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                     |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>GEORGE J. CORY</b>   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>1/29/63</b>  |                                     |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>         | 8. DATE OF BIRTH<br><b>10/28/88</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>RETIRED CHAUFFEUR</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   |                                     |
| 13a. FATHER'S NAME<br><b>ROBERT CORY</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>CATHERINE HETER</b>   |                                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>YES WW-I</b>  |   | 16. SOCIAL SECURITY NO.   |                                     |
| 17. INFORMANT<br><b>MOLLIE CORY (WIDOW) SEE #2</b>  |   | Address   |                                     |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>ACUTE MYOCARDIAL INFARCTION</b><br>DUE TO (b) <b>ARTERIOSCLEROSIS</b><br>DUE TO (c) <b>4201</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   | INTERVAL BETWEEN ONSET AND DEATH  |                                     |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                     |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                                     |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |                                     |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION  |   | 20g. COUNTY                         |
| 21. // VA attended the deceased from <b>12/26/63</b> to <b>1/29/63</b> and last saw him alive on <b>1/29/63</b><br>Death occurred at <b>7:50 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |   | 22b. ADDRESS<br><b>VAH, ST. LOUIS, MO.</b>  |                                     |
| 22a. SIGNATURE<br><i>Harry L. Ellis</i><br><b>HARRY L. ELLIS</b>  |   | 22c. DATE SIGNED<br><b>1/29/63</b>  |                                     |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>REMOVAL</b>   | 23b. DATE<br><b>2/1/63</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>NATIONAL CEMETERY</b>  |                                     |
| 24. FUNERAL DIRECTOR<br><b>STROOT - CARROLL</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>JAN 31 1963</b>  |                                     |
| 26. REGISTRAR'S SIGNATURE<br><i>Paul Smith</i><br><b>Paul Smith, M.D.</b>   |   | 27. LOCATION (City, town, or county) (State)<br><b>JEFFERSON BARRACKS MO</b>  |                                     |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*m w Rieter*

Licensed Embalmer No. \_\_\_\_\_

*4865*

P. O. Address \_\_\_\_\_

*St Louis Mo.*

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.